PTO/SB/82 (00-04)

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hereby revoke all previous powers of attorney given in the above identified application. A Power of Attorney is submitted herewith. OR 020212 ✓ I hereby appoint the practitioners associated with the Customer Number. Please change the correspondence address for the above-identified application to: The address associated with 020212 Customer Number. OR Firm or Individual Name Address State Zip City Country Telephone Fay I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name ANGUS TOCHER Date Telephane 403.973.1897 NOTE: Signatures of all the inventors or assignous of record of the artire interest or their representativo(s) are required. Submit multiple forms if more than one signature is required, assistant and below. forms are submitted.

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